

**BEFORE THE  
MEDICAL BOARD OF CALIFORNIA  
DEPARTMENT OF CONSUMER AFFAIRS  
STATE OF CALIFORNIA**

**In the Matter of the Accusation  
Against:**

**John Hassan Rastegar, M.D.**

**Case No. 800-2016-023142**

**Physician's and Surgeon's  
Certificate No. A 53847**

**Respondent**

**DECISION**

**The attached Stipulated Settlement and Disciplinary Order is hereby adopted as the Decision and Order of the Medical Board of California, Department of Consumer Affairs, State of California.**

**This Decision shall become effective at 5:00 p.m. on October 26, 2018.**

**IT IS SO ORDERED: September 27, 2018.**

**MEDICAL BOARD OF CALIFORNIA**



**Kristina D. Lawson, Chair  
Panel B**

1 XAVIER BECERRA  
Attorney General of California  
2 E. A. JONES III  
Supervising Deputy Attorney General  
3 CLAUDIA RAMIREZ  
Deputy Attorney General  
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8  
9 **BEFORE THE**  
**MEDICAL BOARD OF CALIFORNIA**  
10 **DEPARTMENT OF CONSUMER AFFAIRS**  
11 **STATE OF CALIFORNIA**

12  
13 In the Matter of the Accusation Against:

Case No. 800-2016-023142

14 JOHN HASSAN RASTEGAR, M.D.  
PO BOX 27547  
15 LOS ANGELES, CA 90027

OAH No. 2018010617

16 Physician's and Surgeon's Certificate  
No. A 53847,

**STIPULATED SETTLEMENT AND  
DISCIPLINARY ORDER**

17  
18 Respondent.

19 IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-  
20 entitled proceedings that the following matters are true:

21 **PARTIES**

22 1. Kimberly Kirchmeyer ("Complainant") is the Executive Director of the Medical  
23 Board of California ("Board"). She brought this action solely in her official capacity and is  
24 represented in this matter by Xavier Becerra, Attorney General of the State of California, by  
25 Claudia Ramirez, Deputy Attorney General.

26 2. Respondent John Hassan Rastegar, M.D. ("Respondent") is represented in this  
27 proceeding by attorney Peter R. Osinoff, Esq., whose address is: 355 South Grand Avenue, Suite  
28 1750, Los Angeles, California 90071.

3. On or about January 4, 1995, the Board issued Physician's and Surgeon's Certificate No. A 53847 to Respondent. That Certificate was in full force and effect at all times relevant to the charges brought in Accusation No. 800-2016-023142, and will expire on January 31, 2019, unless renewed.

## JURISDICTION

4. Accusation No. 800-2016-023142 was filed before the Board, and is currently pending against Respondent. The Accusation and all other statutorily required documents were properly served on Respondent on October 23, 2017. Respondent timely filed his Notice of Defense contesting the Accusation.

5. A copy of Accusation No. 800-2016-023142 is attached as Exhibit A and incorporated herein by reference.

## ADVISEMENT AND WAIVERS

6. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Accusation No. 800-2016-023142. Respondent has also carefully read, fully discussed with counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.

7. Respondent is fully aware of his legal rights in this matter, including the right to a hearing on the charges and allegations in the Accusation; the right to confront and cross-examine the witnesses against him; the right to present evidence and to testify on his own behalf; the right to the issuance of subpoenas to compel the attendance of witnesses and the production of documents; the right to reconsideration and court review of an adverse decision; and all other rights accorded by the California Administrative Procedure Act and other applicable laws.

8. Respondent voluntarily, knowingly, and intelligently waives and gives up each and every right set forth above.

## CULPABILITY

9. Respondent understands and agrees that the charges and allegations in Accusation No. 800-2016-023142, if proven at a hearing, constitute cause for imposing discipline upon his Physician's and Surgeon's Certificate.

10. For the purpose of resolving the Accusation without the expense and uncertainty of further proceedings, Respondent agrees that, at a hearing, Complainant could establish a prima facie case for the charges in the Accusation, and that Respondent hereby gives up his right to contest those charges.

11. Respondent agrees that if he ever petitions for early termination or modification of probation, or if the Board ever petitions for revocation of probation, all of the charges and allegations contained in Accusation No. 800-2016-023142 shall be deemed true, correct, and fully admitted by Respondent for purposes of that proceeding or any other licensing proceeding involving Respondent in the State of California.

12. Respondent agrees that his Physician's and Surgeon's Certificate is subject to discipline and he agrees to be bound by the Board's probationary terms as set forth in the Disciplinary Order below.

## CONTINGENCY

13. This stipulation shall be subject to approval by the Medical Board of California. Respondent understands and agrees that counsel for Complainant and the staff of the Medical Board of California may communicate directly with the Board regarding this stipulation and settlement, without notice to or participation by Respondent or his counsel. By signing the stipulation, Respondent understands and agrees that he may not withdraw his agreement or seek to rescind the stipulation prior to the time the Board considers and acts upon it. If the Board fails to adopt this stipulation as its Decision and Order, the Stipulated Settlement and Disciplinary Order shall be of no force or effect, except for this paragraph, it shall be inadmissible in any legal action between the parties, and the Board shall not be disqualified from further action by having considered this matter.

14. The parties understand and agree that Portable Document Format (PDF) and facsimile copies of this Stipulated Settlement and Disciplinary Order, including PDF and facsimile signatures thereto, shall have the same force and effect as the originals.

15. In consideration of the foregoing admissions and stipulations, the parties agree that the Board may, without further notice or formal proceeding, issue and enter the following

Disciplinary Order:

**DISCIPLINARY ORDER**

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 53847 issued to Respondent John Hassan Rastegar, M.D. is revoked. However, the revocation is stayed and Respondent is placed on probation for thirty-five (35) months on the following terms and conditions.

1. **EDUCATION COURSE.** Within 60 calendar days of the effective date of this Decision, and on an annual basis thereafter, Respondent shall submit to the Board or its designee for its prior approval educational program(s) or course(s) which shall not be less than 40 hours per year, for each year of probation. The educational program(s) or course(s) shall be aimed at correcting any areas of deficient practice or knowledge and shall be Category I certified. The educational program(s) or course(s) shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure. Following the completion of each course, the Board or its designee may administer an examination to test Respondent's knowledge of the course. Respondent shall provide proof of attendance for 65 hours of CME of which 40 hours were in satisfaction of this condition.

2. **MEDICAL RECORD KEEPING COURSE.** Within 60 calendar days of the effective date of this Decision, Respondent shall enroll in a course in medical record keeping approved in advance by the Board or its designee. Respondent shall provide the approved course provider with any information and documents that the approved course provider may deem pertinent. Respondent shall participate in and successfully complete the classroom component of the course not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully complete any other component of the course within one (1) year of enrollment. The medical record keeping course shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

A medical record keeping course taken after the acts that gave rise to the charges in the Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board or its designee, be accepted towards the fulfillment of this condition if the course would have

1 been approved by the Board or its designee had the course been taken after the effective date of  
2 this Decision.

3 Respondent shall submit a certification of successful completion to the Board or its  
4 designee not later than 15 calendar days after successfully completing the course, or not later than  
5 15 calendar days after the effective date of the Decision, whichever is later.

6 3. MONITORING – PRACTICE. Within 30 calendar days of the effective date of this  
7 Decision, Respondent shall submit to the Board or its designee for prior approval as a practice  
8 monitor(s), the name and qualifications of one or more licensed physicians and surgeons whose  
9 licenses are valid and in good standing, and who are preferably American Board of Medical  
10 Specialties (ABMS) certified. A monitor shall have no prior or current business or personal  
11 relationship with Respondent, or other relationship that could reasonably be expected to  
12 compromise the ability of the monitor to render fair and unbiased reports to the Board, including  
13 but not limited to any form of bartering, shall be in Respondent's field of practice, and must agree  
14 to serve as Respondent's monitor. Respondent shall pay all monitoring costs.

15 The Board or its designee shall provide the approved monitor with copies of the Decision(s)  
16 and Accusation(s), and a proposed monitoring plan. Within 15 calendar days of receipt of the  
17 Decision(s), Accusation(s), and proposed monitoring plan, the monitor shall submit a signed  
18 statement that the monitor has read the Decision(s) and Accusation(s), fully understands the role  
19 of a monitor, and agrees or disagrees with the proposed monitoring plan. If the monitor disagrees  
20 with the proposed monitoring plan, the monitor shall submit a revised monitoring plan with the  
21 signed statement for approval by the Board or its designee.

22 Within 60 calendar days of the effective date of this Decision, and continuing throughout  
23 probation, Respondent's practice shall be monitored by the approved monitor. Respondent shall  
24 make all records available for immediate inspection and copying on the premises by the monitor  
25 at all times during business hours and shall retain the records for the entire term of probation.

26 If Respondent fails to obtain approval of a monitor within 60 calendar days of the effective  
27 date of this Decision, Respondent shall receive a notification from the Board or its designee to  
28 cease the practice of medicine within three (3) calendar days after being so notified. Respondent

1 shall cease the practice of medicine until a monitor is approved to provide monitoring  
2 responsibility.

3 The monitor(s) shall submit a quarterly written report to the Board or its designee which  
4 includes an evaluation of Respondent's performance, indicating whether Respondent's practices  
5 are within the standards of practice of medicine, and whether Respondent is practicing medicine  
6 safely. It shall be the sole responsibility of Respondent to ensure that the monitor submits the  
7 quarterly written reports to the Board or its designee within 10 calendar days after the end of the  
8 preceding quarter.

9 If the monitor resigns or is no longer available, Respondent shall, within 5 calendar days of  
10 such resignation or unavailability, submit to the Board or its designee, for prior approval, the  
11 name and qualifications of a replacement monitor who will be assuming that responsibility within  
12 15 calendar days. If Respondent fails to obtain approval of a replacement monitor within 60  
13 calendar days of the resignation or unavailability of the monitor, Respondent shall receive a  
14 notification from the Board or its designee to cease the practice of medicine within three (3)  
15 calendar days after being so notified. Respondent shall cease the practice of medicine until a  
16 replacement monitor is approved and assumes monitoring responsibility.

17 In lieu of a monitor, Respondent may participate in a professional enhancement program  
18 approved in advance by the Board or its designee that includes, at minimum, quarterly chart  
19 review, semi-annual practice assessment, and semi-annual review of professional growth and  
20 education. Respondent shall participate in the professional enhancement program at  
21 Respondent's expense during the term of probation.

22 4. NOTIFICATION. Within seven (7) days of the effective date of this Decision, the  
23 Respondent shall provide a true copy of this Decision and Accusation to the Chief of Staff or the  
24 Chief Executive Officer at every hospital where privileges or membership are extended to  
25 Respondent, at any other facility where Respondent engages in the practice of medicine,  
26 including all physician and locum tenens registries or other similar agencies, and to the Chief  
27 Executive Officer at every insurance carrier which extends malpractice insurance coverage to  
28 Respondent. Respondent shall submit proof of compliance to the Board or its designee within 15

1 calendar days.

2 This condition shall apply to any change(s) in hospitals, other facilities or insurance carrier.

3 5. SUPERVISION OF PHYSICIAN ASSISTANTS AND ADVANCED PRACTICE  
4 NURSES. During probation, Respondent is prohibited from supervising physician assistants and  
5 advanced practice nurses.

6 6. OBEY ALL LAWS. Respondent shall obey all federal, state and local laws, all rules  
7 governing the practice of medicine in California and remain in full compliance with any court  
8 ordered criminal probation, payments, and other orders.

9 7. QUARTERLY DECLARATIONS. Respondent shall submit quarterly declarations  
10 under penalty of perjury on forms provided by the Board, stating whether there has been  
11 compliance with all the conditions of probation.

12 Respondent shall submit quarterly declarations not later than 10 calendar days after the end  
13 of the preceding quarter.

14 8. GENERAL PROBATION REQUIREMENTS.

15 Compliance with Probation Unit

16 Respondent shall comply with the Board's probation unit.

17 Address Changes

18 Respondent shall, at all times, keep the Board informed of Respondent's business and  
19 residence addresses, email address (if available), and telephone number. Changes of such  
20 addresses shall be immediately communicated in writing to the Board or its designee. Under no  
21 circumstances shall a post office box serve as an address of record, except as allowed by Business  
22 and Professions Code section 2021(b).

23 Place of Practice

24 Respondent shall not engage in the practice of medicine in Respondent's or patient's place  
25 of residence, unless the patient resides in a skilled nursing facility or other similar licensed  
26 facility.

27 License Renewal

28 Respondent shall maintain a current and renewed California physician's and surgeon's



1 license.

2 Travel or Residence Outside California

3 Respondent shall immediately inform the Board or its designee, in writing, of travel to any  
4 areas outside the jurisdiction of California which lasts, or is contemplated to last, more than thirty  
5 (30) calendar days.

6 In the event Respondent should leave the State of California to reside or to practice,  
7 Respondent shall notify the Board or its designee in writing 30 calendar days prior to the dates of  
8 departure and return.

9 9. INTERVIEW WITH THE BOARD OR ITS DESIGNEE. Respondent shall be  
10 available in person upon request for interviews either at Respondent's place of business or at the  
11 probation unit office, with or without prior notice throughout the term of probation.

12 10. NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board or  
13 its designee in writing within 15 calendar days of any periods of non-practice lasting more than  
14 30 calendar days and within 15 calendar days of Respondent's return to practice. Non-practice is  
15 defined as any period of time Respondent is not practicing medicine as defined in Business and  
16 Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month in direct  
17 patient care, clinical activity or teaching, or other activity as approved by the Board. If  
18 Respondent resides in California and is considered to be in non-practice, Respondent shall  
19 comply with all terms and conditions of probation. All time spent in an intensive training  
20 program which has been approved by the Board or its designee shall not be considered non-  
21 practice and does not relieve Respondent from complying with all the terms and conditions of  
22 probation. Practicing medicine in another state of the United States or Federal jurisdiction while  
23 on probation with the medical licensing authority of that state or jurisdiction shall not be  
24 considered non-practice. A Board-ordered suspension of practice shall not be considered as a  
25 period of non-practice.

26 In the event Respondent's period of non-practice while on probation exceeds 18 calendar  
27 months, Respondent shall successfully complete the Federation of State Medical Boards's Special  
28 Purpose Examination, or, at the Board's discretion, a clinical competence assessment program

1 that meets the criteria of Condition 18 of the current version of the Board's "Manual of Model  
2 Disciplinary Orders and Disciplinary Guidelines" prior to resuming the practice of medicine.

3 Respondent's period of non-practice while on probation shall not exceed two (2) years.

4 Periods of non-practice will not apply to the reduction of the probationary term.

5 Periods of non-practice for a Respondent residing outside of California will relieve  
6 Respondent of the responsibility to comply with the probationary terms and conditions with the  
7 exception of this condition and the following terms and conditions of probation: Obey All Laws;  
8 General Probation Requirements; Quarterly Declarations; Abstain from the Use of Alcohol and/or  
9 Controlled Substances; and Biological Fluid Testing.

10 11. COMPLETION OF PROBATION. Respondent shall comply with all financial  
11 obligations (e.g., restitution, probation costs) not later than 120 calendar days prior to the  
12 completion of probation. Upon successful completion of probation, Respondent's certificate shall  
13 be fully restored.

14 12. VIOLATION OF PROBATION. Failure to fully comply with any term or condition  
15 of probation is a violation of probation. If Respondent violates probation in any respect, the  
16 Board, after giving Respondent notice and the opportunity to be heard, may revoke probation and  
17 carry out the disciplinary order that was stayed. If an Accusation, or Petition to Revoke  
18 Probation, or an Interim Suspension Order is filed against Respondent during probation, the  
19 Board shall have continuing jurisdiction until the matter is final, and the period of probation shall  
20 be extended until the matter is final.

21 13. LICENSE SURRENDER. Following the effective date of this Decision, if  
22 Respondent ceases practicing due to retirement or health reasons or is otherwise unable to satisfy  
23 the terms and conditions of probation, Respondent may request to surrender his or her license.  
24 The Board reserves the right to evaluate Respondent's request and to exercise its discretion in  
25 determining whether or not to grant the request, or to take any other action deemed appropriate  
26 and reasonable under the circumstances. Upon formal acceptance of the surrender, Respondent  
27 shall within 15 calendar days deliver Respondent's wallet and wall certificate to the Board or its  
28 designee and Respondent shall no longer practice medicine. Respondent will no longer be subject

1 to the terms and conditions of probation. If Respondent re-applies for a medical license, the  
2 application shall be treated as a petition for reinstatement of a revoked certificate.

3 14. PROBATION MONITORING COSTS. Respondent shall pay the costs associated  
4 with probation monitoring each and every year of probation, as designated by the Board, which  
5 may be adjusted on an annual basis. Such costs shall be payable to the Medical Board of  
6 California and delivered to the Board or its designee no later than January 31 of each calendar  
7 year.

8 ACCEPTANCE

9 I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully  
10 discussed it with my attorney, Peter R. Osinoff, Esq. I understand the stipulation and the effect it  
11 will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Settlement and  
12 Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the  
13 Decision and Order of the Medical Board of California.

14  
15  
16  
17 DATED: 08/27/18

  
18 JOHN HASSAN RASTEGAR, M.D.  
Respondent

19 I have read and fully discussed with Respondent John Hassan Rastegar, M.D. the terms and  
20 conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order.  
21 I approve its form and content.

22  
23  
24  
25 DATED: 8/27/18

  
26 PETER R. OSINOFF, ESQ.  
Attorney for Respondent

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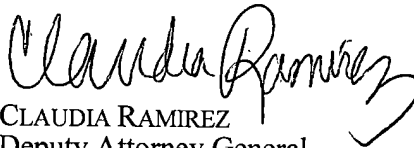
ENDORSEMENT

The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully submitted for consideration by the Medical Board of California.

Dated: 8/27/18

Respectfully submitted,

XAVIER BECERRA  
Attorney General of California  
E. A. JONES III  
Supervising Deputy Attorney General

  
CLAUDIA RAMIREZ  
Deputy Attorney General  
*Attorneys for Complainant*

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**Exhibit A**

**Accusation No. 800-2016-023142**

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Supervising Deputy Attorney General  
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MEDICAL BOARD OF CALIFORNIA  
DEPARTMENT OF CONSUMER AFFAIRS  
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In the Matter of the Accusation Against:

Case No. 800-2016-023142

JOHN HASSAN RASTEGAR  
P.O. BOX 27547  
LOS ANGELES, CA 90027

**A C C U S A T I O N**

Physician's and Surgeon's Certificate  
No. A 53847,

Respondent.

Complainant alleges:

**PARTIES**

1. Kimberly Kirchmeyer ("Complainant") brings this Accusation solely in her official capacity as the Executive Director of the Medical Board of California, Department of Consumer Affairs ("Board").

2. On or about January 4, 1995, the Board issued Physician's and Surgeon's Certificate Number A 53847 to John Hassan Rastegar, M.D. ("Respondent"). That Certificate was in full force and effect at all times relevant to the charges brought herein and will expire on January 31, 2019, unless renewed.

**JURISDICTION**

3. This Accusation is brought before the Board, under the authority of the following laws. All section references are to the Business and Professions Code unless otherwise indicated.

1       4.     Section 2227 of the Code provides that a licensee who is found guilty under the  
2 Medical Practice Act may have his or her license revoked, suspended for a period not to exceed  
3 one year, placed on probation and required to pay the costs of probation monitoring, or such other  
4 action taken in relation to discipline as the Board deems proper.

5       5.     Section 2234 of the Code states:

6       “The board shall take action against any licensee who is charged with unprofessional  
7 conduct. In addition to other provisions of this article, unprofessional conduct includes, but is not  
8 limited to, the following:

9       “(a) Violating or attempting to violate, directly or indirectly, assisting in or abetting the  
10 violation of, or conspiring to violate any provision of this chapter.

11       “(b) Gross negligence.

12       “(c) Repeated negligent acts. To be repeated, there must be two or more negligent acts or  
13 omissions. An initial negligent act or omission followed by a separate and distinct departure from  
14 the applicable standard of care shall constitute repeated negligent acts.

15       “(1) An initial negligent diagnosis followed by an act or omission medically appropriate  
16 for that negligent diagnosis of the patient shall constitute a single negligent act.

17       “(2) When the standard of care requires a change in the diagnosis, act, or omission that  
18 constitutes the negligent act described in paragraph (1), including, but not limited to, a  
19 reevaluation of the diagnosis or a change in treatment, and the licensee's conduct departs from the  
20 applicable standard of care, each departure constitutes a separate and distinct breach of the  
21 standard of care.

22       “(d) Incompetence.

23       “(e) The commission of any act involving dishonesty or corruption which is substantially  
24 related to the qualifications, functions, or duties of a physician and surgeon.

25       “(f) Any action or conduct which would have warranted the denial of a certificate.

26       “(g) The practice of medicine from this state into another state or country without meeting  
27 the legal requirements of that state or country for the practice of medicine. Section 2314 shall not  
28 apply to this subdivision. This subdivision shall become operative upon the implementation of

1 the proposed registration program described in Section 2052.5.

2 “(h) The repeated failure by a certificate holder, in the absence of good cause, to attend and  
3 participate in an interview by the board. This subdivision shall only apply to a certificate holder  
4 who is the subject of an investigation by the board.”

5 6. Section 2266 of the Code states:

6 “The failure of a physician and surgeon to maintain adequate and accurate records relating  
7 to the provision of services to their patients constitutes unprofessional conduct.”

8 **FIRST CAUSE FOR DISCIPLINE**

9 **(Gross Negligence)**

10 7. Respondent is subject to disciplinary action under Code section 2234, subdivision  
11 (b), in that he was grossly negligent in the care and treatment of V.D.R.<sup>1</sup> The circumstances are  
12 as follows:

13 8. On or about August 30, 2014, V.D.R., a fifty-six-year-old female, visited Respondent  
14 for a complaint of abdominal pain lasting two days. V.D.R. was a Spanish speaker, but there is  
15 no documentation in her records of whether or not an interpreter was present for this visit. She  
16 was crying in pain during the visit.

17 9. Respondent’s chart notes state that V.D.R. had a history of diabetes and blood  
18 pressure registered at 190/100, which indicates she had Stage 2 Hypertension. The notes also  
19 state, “Cannot afford to do the tests.”

20 10. Respondent examined V.D.R. The notes on V.D.R.’s abdominal exam are illegible,  
21 containing only a cross-like diagram with two dots in the lower boxes. Respondent explained  
22 during an interview with the Board’s investigator that V.D.R.’s lower quadrant around the  
23 umbilical area was tender. Respondent also stated that she had a palpable abdominal mass in the  
24 right and left lower quadrants above the suprapubic region; however, that information was not  
25 documented in the chart. Respondent did not perform a rectal or pelvic exam. He did order a  
26 urinalysis, which revealed 100+ glucose, trace ketones, negative nitrates, 2+ leukocytes, and

27 \_\_\_\_\_  
28 <sup>1</sup> The initials of the patient’s name are used to protect her right of privacy.



1 moderate blood.

2 11. Respondent's assessment of V.D.R. was Malignant Hypertension and Urinary Tract  
3 Infection ("UTI"). He administered Clonidine in the office. He prescribed Lotensin 100 mg per  
4 day for blood pressure and a blood pressure monitor. He ordered blood work as part of his own  
5 "panel" for diabetes and recommended she buy a blood glucose monitor. He noted that she could  
6 not afford to do the blood tests for her diabetes. Some of the plan noted in the patient's chart is  
7 illegible, but Respondent explained during the interview with the Board's investigator that he  
8 referred V.D.R. to a free clinic to have her blood test done. He also referred her to the Emergency  
9 Room ("ER") to be evaluated for "elevated blood pressure and abdominal pain." Respondent  
10 stated during the interview that V.D.R. refused to have him call 9-1-1 for her elevated blood  
11 pressure, but none of that is documented.

12 12. There are prescriptions for Lotensin, Hydrochlorothiazide, a blood pressure monitor,  
13 and the antibiotic Bactrim D.S. for seven days in the patient's chart.

14 13. At the conclusion of the visit, V.D.R. was not provided a follow up appointment.  
15 She was not informed of the mass or instructed to follow up or perform further testing in  
16 reference to the mass. Respondent informed V.D.R. that her condition was not serious and would  
17 get better soon. It was V.D.R.'s understanding that the referral to the ER was to do blood work if  
18 she did not want to have it done at the clinic for cost reasons.

19 14. On or about September 4, 2014, V.D.R. had blood and urine testing performed and  
20 saw a Physician Assistant ("P.A.") on or about September 17, 2014, for review of those lab  
21 results. The only physical exam noted was a blood pressure test with a result of 140/80. V.D.R.  
22 was diagnosed with "Hypertension, Abdominal Pain (resolved) and Hyperlipidemia." The P.A.  
23 prescribed Metformin for diabetes and noted that the patient did not want lipid medications.  
24 V.D.R. was advised to follow up in 3 months and diet and exercise were discussed.

25 15. V.D.R. reports that her abdominal pain was actually persistent and worsening at the  
26 time of that second visit.

27 16. V.D.R. went to the ER on February 14, 2016, because her abdominal pain had  
28 worsened. An ultrasound was performed, revealing a 30 cm mass in her left ovary and

1 compression of the veins due to the mass. V.D.R. underwent a complete hysterectomy with  
2 removal of both ovaries and necrotic omentum. Pathology tests revealed a large benign tumor in  
3 the right ovary with extensive hemorrhaging and inflammation, as well as a benign cyst with  
4 extensive hemorrhaging due to the torsion of the left ovary. She required blood transfusions,  
5 narcotic pain medications, and a 10-day hospital stay.

6 17. With respect to V.D.R.'s abdominal pain, Respondent's records for V.D.R. do not  
7 contain a history or list of other presenting symptoms relating to the complaint of abdominal pain.  
8 During the interview with the Board's investigator, Respondent only identified nausea as an  
9 additional symptom present at the time of the visit. The general constitution of V.D.R. was also  
10 not documented as is commonly done. This would have listed her hydration status and degree of  
11 pain or distress.

12 18. Respondent performed an inadequate physical examination for the abdominal pain.  
13 No pelvic examination was performed or documented. In females, a pelvic exam is essential in  
14 ruling out gynecologic pathology if another explanation for the pain is not readily apparent from  
15 the rest of the exam. If Respondent was not competent to perform the pelvic exam, he could have  
16 informed V.D.R. to follow up with another provider to complete the pelvic examination. He  
17 failed to do so.

18 19. In reference to the pelvic mass, the mass was not documented and no mention was  
19 made of the mass in the assessment or plan, nor to the patient. Respondent did not conduct  
20 further examination of the mass to determine its origin, which could be present as a tumor, cancer,  
21 abscess, aneurysm, or hernia. The evaluation of an abdominal mass typically includes imaging,  
22 such as an ultrasound or Computed Tomography ("CT") scan.

23 20. Respondent did not discuss the mass with the patient and did not recommend or  
24 discuss any follow up or further testing. If he did not have ultrasound capabilities at his facility,  
25 an ultrasound could have been ordered at another facility and performed on an outpatient basis.  
26 Respondent failed to order the ultrasound. If the mass had been diagnosed and evaluated in 2014,  
27 much of V.D.R.'s pain and subsequent complications could have been prevented.

28 21. In reference to the elevated blood pressure, V.D.R. had an elevated blood pressure of

1 190/100, which was unrelated to her complaint of abdominal pain. Respondent did not document  
2 any history taking related to the severely elevated blood pressure, any history or prior treatment  
3 for hypertension, possible secondary causes, or symptoms related to end-organ damage.

4 22. Respondent did not assess for possible end-organ damage. A fundoscopic or  
5 neurological examination was not performed. There was no discussion of performing an  
6 electrocardiogram. There was no documentation or discussion of any prior treatments for  
7 hypertension, nor any secondary causes of hypertension. Her blood pressure was checked only  
8 once. Respondent administered Clonidine, but did not recheck her blood pressure, either before  
9 or after its administration.

10 23. Although Respondent diagnosed V.D.R. with Malignant Hypertension, the patient did  
11 not meet the criteria for Malignant Hypertension. This was therefore a misdiagnosis. Unless  
12 there was evidence of true Malignant Hypertension or end-organ damage, there was no reason for  
13 her to be sent to the ER for evaluation of the blood pressure.

14 24. With respect to the UTI assessment, V.D.R. did not complain of any urinary issues. A  
15 urinalysis was performed in the office. The results of her examination were not consistent with a  
16 UTI. Respondent did not question V.D.R. regarding urinary symptoms, history of urinary  
17 infections, nor did he perform a pelvic exam to assess other causes for the symptoms or urinalysis  
18 results. Respondent also did not order further testing, such as a urine culture. However,  
19 Respondent diagnosed V.D.R. with a UTI.

20 25. With respect to Respondent's plan, V.D.R. was not given clear instructions regarding  
21 follow up of either her acute or chronic conditions. Respondent did not instruct V.D.R. to follow  
22 up in regards to her abdominal pain or elevated blood pressure. He did not offer any  
23 recommendations or guidelines for follow up in regards to her diabetes, elevated blood pressure  
24 or pain, or findings of the abdominal mass. Her laboratory values were abnormal, but she was not  
25 instructed to follow up to review these.

26 26. Although Respondent gave V.D.R. a referral for the ER to be evaluated for elevated  
27 blood pressure and abdominal pain, it was the patient's understanding that the ER visit was only  
28 to perform blood work that would cost her \$200 at the clinic. She subsequently did return for the

1 labs and paid cash for the tests.

2 27. In reference to Respondent's documentation of the patient encounter, Respondent's  
3 chart notes for the August 30, 2014, visit are scant and illegible. There is no documentation of  
4 V.D.R.'s social history, symptoms or description of abdominal pain, history of her blood pressure,  
5 review of systems, surgical or gynecologic history. Respondent recalled palpating an abdominal  
6 mass, but it was not noted in the chart notes, rendering the record inaccurate. He reported to the  
7 Board's investigator that he told the patient to go to the ER and that she refused to have him call  
8 9-1-1. The patient's alleged refusal to have him call 9-1-1 is not recorded in the chart notes.  
9 There is no documentation showing that an interpreter was present during the visit.

10 28. Respondent was grossly negligent as follows:

11 A. Respondent did not take or document any history in regards to the complaint of  
12 abdominal pain;

13 B. Respondent did not take or document any history in regards to the patient's severely  
14 elevated blood pressure;

15 C. Respondent did not conduct an adequate physical examination and, despite V.D.R.  
16 being a female patient with lower abdominal pain, he did not conduct a pelvic examination or  
17 refer her to another provider for such an exam; and

18 D. Respondent's evaluation of the pelvic mass was inadequate. He did not perform or  
19 recommend any further testing for a palpable abdominal mass.

20 29. Respondent's acts and/or omissions as set forth in paragraphs 8 through 28, inclusive  
21 above, whether proven individually, jointly, or in any combination thereof, constitute grossly  
22 negligent acts pursuant to section 2234, subdivision (b), of the Code. Therefore, cause for  
23 discipline exists.

24 **SECOND CAUSE FOR DISCIPLINE**

25 **(Repeated Negligent Acts)**

26 30. Respondent is subject to disciplinary action under Code section 2234, subdivision (c),  
27 in that he engaged in repeated negligent acts in the care and treatment of V.D.R. The  
28 circumstances are as follows:

1 31. The facts and circumstances are as set forth in paragraphs 8 through 28 above, and are  
2 incorporated by reference.

3 32. Respondent engaged in repeated negligent acts as follows:

4 A. Respondent did not take or document any history in regards to the complaint of  
5 abdominal pain;

6 B. Respondent did not take or document any history in regards to the patient's severely  
7 elevated blood pressure;

8 C. Respondent did not conduct an adequate physical examination and, despite V.D.R.  
9 being a female patient with lower abdominal pain, he did not conduct a pelvic examination or  
10 refer her to another provider for such an exam;

11 D. Respondent's evaluation of the pelvic mass was inadequate. He did not perform or  
12 recommend any further testing for a palpable abdominal mass;

13 E. The diagnosis of a urinary tract infection was not adequately supported by the  
14 documented history or by the examination or test results;

15 F. V.D.R.'s chart notes are illegible, inaccurate, and inadequate;

16 G. Respondent did not recheck the patient's blood pressure, assess any secondary cause  
17 of elevated blood pressure, or check for any end-organ damage; and

18 H. Respondent failed to give V.D.R. clear instructions regarding follow up of either her  
19 acute or chronic conditions. He did not instruct V.D.R. to follow up in regards to her abdominal  
20 pain, elevated blood pressure, pain, findings of the pelvic mass, diabetes, or abnormal lab results.

21 33. Respondent's acts and/or omissions as set forth in paragraphs 8 through 32, inclusive  
22 above, whether proven individually, jointly, or in any combination thereof, constitute repeated  
23 negligent acts pursuant to section 2234, subdivision (c), of the Code. Therefore, cause for  
24 discipline exists.

25 **THIRD CAUSE FOR DISCIPLINE**

26 **(Inadequate and Inaccurate Record Keeping)**

27 34. Respondent is subject to disciplinary action under Code section 2266 for inadequate  
28 and inaccurate record keeping with respect to the care and treatment that he provided to V.D.R.

1 The circumstances are as follows:

2 35. The facts and circumstances are as set forth in paragraphs 8 through 32 above, and are  
3 incorporated here by reference.

4 36. Respondent's acts and/or omissions as set forth in paragraph 35, inclusive above,  
5 whether proven individually, jointly, or in any combination thereof, constitute inadequate and  
6 inaccurate record keeping pursuant to section 2266 of the Code. Therefore, cause for discipline  
7 exists.

#### 8 **FOURTH CAUSE FOR DISCIPLINE**

##### 9 **(Unprofessional Conduct)**

10 37. Respondent is subject to disciplinary action under section 2234 of the Code for  
11 unprofessional conduct. The circumstances are as follows:

12 38. The facts and circumstances are as set forth in paragraphs 7 through 36 above, and are  
13 incorporated by reference.

14 39. Respondent's acts and/or omissions as set forth in paragraph 38, inclusive above,  
15 whether proven individually, jointly, or in any combination thereof, constitute unprofessional  
16 conduct pursuant to section 2234 of the Code. Therefore, cause for discipline exists.

#### 17 **DISCIPLINARY CONSIDERATIONS**

18 40. To determine the degree of discipline, if any, to be imposed on Respondent,  
19 Complainant alleges that, on or about February 25, 2008, in a disciplinary action entitled *In the*  
20 *Matter of the Accusation Against John Hassan Rastegar, M.D. (A.K.A. Hassan Rastegar-Fard,*  
21 *M.D.)*, Case Number 17-2004-159459, the Board issued a decision in which Respondent's  
22 Physician's and Surgeon's certificate was revoked, the revocation was stayed, and his license was  
23 placed on probation for three years with terms and conditions. The disciplinary action involved  
24 allegations of repeated negligent acts, incompetence, and inadequate record keeping. Respondent  
25 completed probation effective February 25, 2011.

#### 26 **PRAYER**

27 WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged,  
28 and that following the hearing, the Medical Board of California issue a decision:

- 1           1.     Revoking or suspending Physician's and Surgeon's Certificate Number A 53847,
- 2     issued to Respondent John Hassan Rastegar, M.D.;
- 3           2.     Revoking, suspending, or denying approval of Respondent John Hassan Rastegar,
- 4     M.D.'s authority to supervise physician assistants and advanced practice nurses;
- 5           3.     Ordering Respondent John Hassan Rastegar, M.D., if placed on probation, to pay the
- 6     Board the costs of probation monitoring; and
- 7           4.     Taking such other and further action as deemed necessary and proper.

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12     DATED:     October 23, 2017

  
KIMBERLY KIRCHMEYER  
Executive Director  
Medical Board of California  
Department of Consumer Affairs  
State of California  
*Complainant*

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